

**RFP-11-14**  
**Question and Answers**  
**September 14, 2010**

Q1. My understanding of the explanation that was given yesterday regarding Section 1.3 was that 1/3 of the state money needs to go to a free standing addiction agency. Please explain this further. Does this mean that if our agency is approved we need to spend 1/3 of the money we receive at a free standing agency, if so how do you see this working? One example that came up in discussion here, do we contract with a free standing agency, like the Salvation Army, for 1/3 of the beds we plan to open?

A1. This statement is to make applicants aware that 1/3 of the money must be spent with free standing addiction providers. No one specific application is required to utilize a free standing facility but the state is required to ensure that 1/3 of the money goes to a free standing facility. With this in mind, it is encouraged that organizations collaborate when possible to meet this requirement.

Q2. It is stated that detox is for up to 5 days. Is this a rigid time frame? Can medical necessity increase this length of time?

A2. It is firm. However, if there was a case where the person needed more time, it would be expected that this would be well documented.

Q3. Is there flexibility with the 7 day waiting/access period? This does not seem to always be possible given the limited number of beds being supported and the length of time possible for each consumer.

A3. No, the 7 day waiting period is not flexible. People who really need this level of care, need to be able to get into the program.

Q4. Can fewer beds be offered to a smaller region? Must all beds be available to the entire state?

A4. All beds must be available to the entire state.

Q5. Can the 30% for providing services be negotiated? (Vendor) would like to be able to increase this % due to the following:

- Many of (vendor's) staff are faculty members at IU Medical Center. This connection to the IU Medical Center makes possible teaching and experiences in Addictions to Residents, Medical Students, and Nursing Students that will have a long term impact on the treatment of Addictions state wide.
- (Vendor) is the largest CMHC in the state in the largest city and in a very high needs area of the city.

A5. No. The intent of the RFP is to serve the State of Indiana fairly.

Q6. Can consumer billing be done on top of the Grant?

A6. Yes, but we do not want the billing or co-pay to be prohibitive to the client being able to access services.

Q7. Are separate living areas for men and women referring to sleeping and restroom facilities or more extensive?

A7. No, sleeping and restroom facilities will take care of it, although gender specific areas will be a plus.

Q8. Will the Grant pay a portion of existing staff who will dedicate designated hours to this project?

A8. The RFP does not designate what it will pay for, other than the operation of the program.

Q9. RE: Section 1.4 - If the client is not connected with any agency prior to admission to the detox/rehab program would they be considered as part of the 30% from our organization or part of the 70% from outside our organization?

A9. The intent of the RFP is to serve the State of Indiana fairly. This depends upon who made the referral.

Q10. Is this a reissuance of RFP 10-94? Is this in anyway related to RFP 10-94?

A10. This RFP has different requirements and expectations from RFP 10-94.

Q11. Under 1.3, the first paragraph states community mental health centers are permitted to apply. Under the second paragraph it seems to indicate CMHC's (established under IC12-29) may not be preferred providers. Can you clarify?

A11. This section is to make applicants aware that 1/3 of the money must be spent with free standing addiction providers.

Q12. Under 1.3 the paragraph 1 states "not to fund existing services." If we are decreasing capacity for one type of program in order to increase capacity for this project- is this permissible? For example, eliminating one program to open up more beds for this RFP or opening beds up for placement by other agencies.

Q12. The intent of the RFP is to establish new detoxification and residential beds. Proposals will want to explain their rationale to change existing services.

Q13. Can vendors submit more than one proposal?

A13. A vendor can only submit one proposal as the prime vendor. However, it is permissible to serve as a prime vendor for one proposal and as a subcontractor on a different proposal.

Q14. Can evidence based programs be validated by other reputable research organizations (such as an accredited university), or do all have to be listed on the SAMHSA registry?

A14. They must have research to back up why they are being utilized.

Q15. How long does it take to get something from ICG mail room to IDOA? Will IDOA email or mail a receipt if requested?

A15. FedEx and UPS deliver directly to the IDOA front desk. Central mail tends to be delivered twice daily: by 10 am and again between 1:30 pm and 2 pm. These times are not guaranteed and the State cannot be held responsible for delays in delivery of responses from Central Mail. A receipt from Central Mail delivery will not be generated. Deadline for proposals is 3:00 pm ET sharp, and the IDOA Procurement front desk time clock is the official timing device.

Q16. 2.3.6 asks for a list of five clients and then refers to "client facilities." Do you want actual contact information for former patients, or are you asking for ancillary service provider contact information?

A16. This section applies to agencies or contractors for whom the Respondent has provided products and/or services that are the same or similar to those products and/or services requested in this RFP, and NOT individual consumers of services.

Q17. Is per diem pricing acceptable since treatment planning/ length of stay is dependent on the client?

A17. Yes.

Q18. How is the state's base pricing calculated?

A18. This was the money that we were allotted for the project.

Q19. What is the definition of "referral for own organization(s)" section 2.4.1.5.? Does this mean a referral received from the typical catchment area for the organization? Or, does this mean an agency can't utilize more than 30% of the beds for their current active clients?

A19. The agency cannot utilize more than 30% of the beds for their current active clients.

Q20. Can clients who meet ATR criteria receive ATR services while at the same time receiving services under the detox/residential grant?

A20. Yes, except you will not be able to bill ATR for the same detoxification or residential services.

Q21. On page 3 of the RFP there is a description of the "Respondent" (offeror). If two organizations are collaborating and one organization is serving men and the other organization is serving women, do both organizations have to submit proposals? Or, does one of the collaborating organizations have to be identified as a "subcontractor" and the other as the respondent?

A21. One organization must serve as the prime vendor in that scenario. Separate proposals would not necessarily need to be submitted unless the two entities could not reach a prime vendor/subcontractor agreement.

Q22. When awarded, will the state award the total cost of the winning proposal or will it be set up on some sort of fee for service model? (i.e. - \$2,000 per unique consumer)

A22. This will be decided as we know how many awards will be granted and what kind of programming will occur. Grantees will be paid based on adherence to the requirements of the contract.

Q23. Is the state seeking to have several facilities located around the state? Or one central facility with transportation capabilities?

A23. Either one would meet the request in the RFP but it would seem more consumer friendly if there were several facilities located around the state.

Q24. Who is the current vendor of these services? Are these people leaving the state hospitals?

A24. There are several private providers of these types of services and all Managed Care Providers are expected to be able to provide these services but we are looking to increase community beds to assist with the closing of the Richmond State Hospital beds that offered this service.